

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name VICKIE HAMILTON		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 ADAM'S LANE		Policy Number
City WAVELAND State MS ZIP Code 39576		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1 WATERS EDGE #2		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. 30-17-27.9 Long. 89-22-03.1 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft		a) Square footage of attached garage <u>NA</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NONE</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NONE</u>
c) Total net area of flood openings in A8.b <u>NA</u> sq in		c) Total net area of flood openings in A9.b <u>NA</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number WAVELAND28045C		B2. County Name HANCOCK		B3. State MS	
B4. Map/Panel Number 28045C 0361	B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/Revised Date 10/16/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19FT
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized BHO 0593 Vertical Datum 1929
Conversion/Comments NA

Check the measurement used.

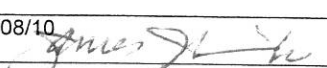
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>20.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>16.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>16.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>16.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

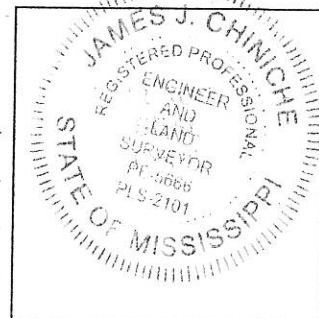
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. ☐

Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name JAMES J CHINICHE		License Number LS2101, PE5666	
Title OWNER	Company Name JAMES J CHINICHE, PA, INC		
Address 721 OLD SPANISH TRAIL	City BAY ST LOUIS	State MS	ZIP Code 39520
Signature REV 10/08/10 	Date 3/9/10	Telephone 228.467.6755	



IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number
City	State	ZIP Code	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:

THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.
THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. TEMPORARY BENCH MARK (TBM) IS A 40d NAIL THRU BOTTECAP OR SHINER IN ELEVATION: TBM: 20d NAIL THRU FLAGGING IN POWER POLE ELEVATION 18.2 FT

Signature

Date 3/9/10

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

☐ Check here if attachments

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name VICKIE HAMILTON	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 ADAM'S LANE	Policy Number
City WAVELAND State MS ZIP Code 39576	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1 WATERS EDGE #2	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>30-17-27.9</u> Long. <u>89-22-03.1</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	
A7. Building Diagram Number <u>5</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft	A9. For a building with an attached garage:
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NONE</u>	a) Square footage of attached garage <u>NA</u> sq ft
c) Total net area of flood openings in A8.b <u>NA</u> sq in	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NONE</u>
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Total net area of flood openings in A9.b <u>NA</u> sq in
	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number WAVELAND 28045 C		B2. County Name HANCOCK		B3. State MS	
B4. Map/Panel Number 28045C 0361	B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/Revised Date 10/16/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19FT

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date _____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized BHO 0593 Vertical Datum 1929

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>21.6</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>32.1</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>15.9</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>16.1</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>15.9</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

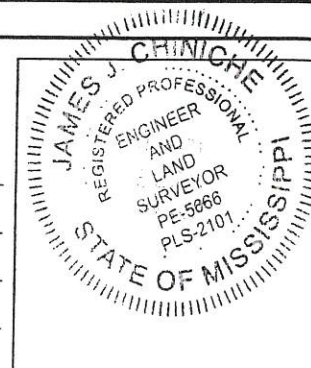
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This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. ☐

Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name JAMES J CHINICHE		License Number LS2101, PE5666	
Title OWNER	Company Name JAMES J CHINICHE, PA, INC		
Address 721 OLD SPANISH TRAIL	City BAY ST LOUIS	State MS	ZIP Code 39520
Signature <u>REV 6/1/10</u>	Date 3/9/10	Telephone 228.467.6755	



IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number
City	State	ZIP Code	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:

THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.

THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. TEMPORARY BENCH MARK (TBM) IS A 40d NAIL THRU BOTTECAP OR SHINER IN ELEVATION: TBM: 20d NAIL THRU FLAGGING IN POWER POLE ELEVATION 18.2 FT

Signature REV 6/1/10

Date 3/9/10

☒ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

☐ Check here if attachment

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____
- G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

☐ Check here if attachment

ELEVATION CERTIFICATE


OMB No. 1660-0008
Expires March 31, 2012

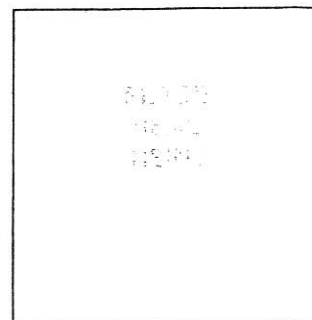
Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name VICKIE HAMILTON		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 ADAM'S LANE City WAVELAND State MS ZIP Code 39576		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1 WATERS EDGE #2		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>30-17-27.9</u> Long. <u>89-22-03.1</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>5</u>		
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NONE</u> c) Total net area of flood openings in A8.b <u>NA</u> sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
A9. For a building with an attached garage: a) Square footage of attached garage <u>NA</u> sq ft b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NONE</u> c) Total net area of flood openings in A9.b <u>NA</u> sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number WAVELAND28045C		B2. County Name HANCOCK		B3. State MS	
B4. Map/Panel Number 28045C 0361	B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/Revised Date 10/16/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19FT
10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized <u>BHO 0593</u> Vertical Datum <u>1929</u> Conversion/Comments _____	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>20.0</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>16.1</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>16.1</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>16.1</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. <input type="checkbox"/> Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certifier's Name JAMES J CHINICHE	License Number LS2101, PE5666
Title OWNER	Company Name JAMES J CHINICHE, PA, INC
Address 721 OLD SPANISH TRAIL	City BAY ST LOUIS State MS ZIP Code 39520
Signature 	Date 3/9/10 Telephone 228.467.6755



IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

City State ZIP Code

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:

THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.

THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. TEMPORARY BENCH MARK (TBM) IS A 40d NAIL THRU BOTTECAP OR SHINER IN ELEVATION: TBM: 20d NAIL THRU FLAGGING IN POWER POLE ELEVATION 18.2 FT

Signature

Date 3/9/10

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

☐ Check here if attachments

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

City State ZIP Code

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:

THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.

THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. TEMPORARY BENCH MARK (TBM) IS A 40d NAIL THRU BOTTECAP OR SHINER IN ELEVATION: TBM: 20d NAIL THRU FLAGGING IN POWER POLE ELEVATION 18.2 FT

Signature

Date 3/9/10

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 20

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>VICKIE HAMILTON</u>		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>161 ADAM'S LANE</u>		Policy Number
City <u>WAVELAND</u> State <u>MS</u> ZIP Code <u>39576</u>		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 1 WATERS EDGE #2</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>30-17-27.9</u> Long. <u>89-22-03.1</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft		a) Square footage of attached garage <u>NA</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NONE</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NONE</u>
c) Total net area of flood openings in A8.b <u>NA</u> sq in		c) Total net area of flood openings in A9.b <u>NA</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>WAVELAND 285262</u>		B2. County Name <u>HANCOCK</u>		B3. State <u>MS</u>	
B4. Map/Panel Number <u>28045C 0361</u>	B5. Suffix <u>D</u>	B6. FIRM Index Date <u>10/16/09</u>	B7. FIRM Panel Effective/Revised Date <u>10/16/09</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Z/AO, use base flood depth) <u>19FT</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)


C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

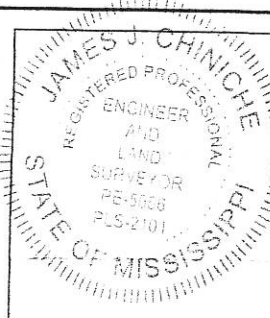
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized BHO 0953 Vertical Datum 1988
Conversion/Comments NA

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>21.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>32.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>NA</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>19.5*</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>15.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>16.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>15.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. ☐
Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name <u>JAMES J CHINICHE</u>		License Number <u>LS2101, PE5666</u>	
Title <u>OWNER</u>	Company Name <u>JAMES J CHINICHE, PA, INC</u>		
Address <u>721 OLD SPANISH TRAIL</u>	City <u>BAY ST LOUIS</u>	State <u>MS</u>	ZIP Code <u>39520</u>
Signature 	Date <u>03/25/11</u>	Telephone <u>228.467.6755</u>	



IMPORTANT: In these spaces, copy the corresponding information from Section A:	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 ADAM'S LANE	Policy Number
City WAVELAND State MS ZIP Code 39576	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:
THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.
THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. SECTION C2.e) ELEVATED PLATFORM ONLY.

Signature

Date 03/25/11

☒ Check here if attached

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

☐ Check here if attached

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____
- G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

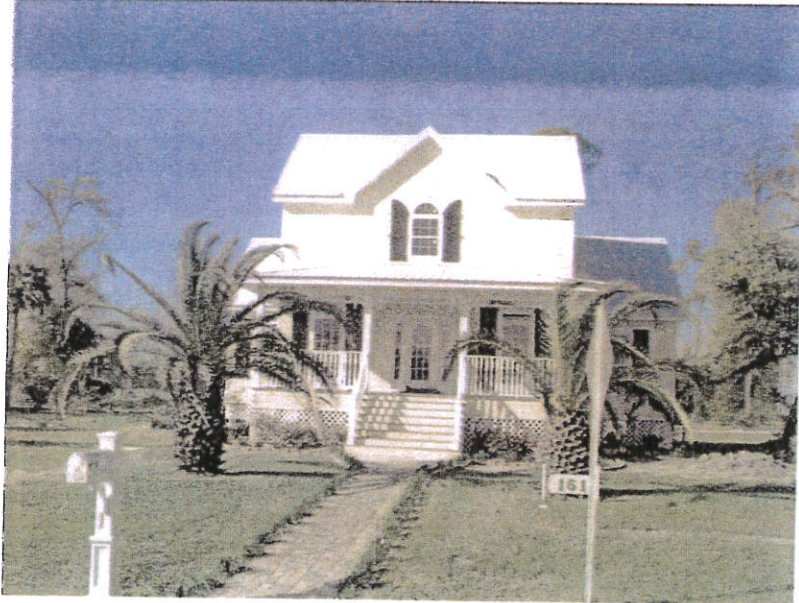
Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 ADAM'S LANE	For Insurance Company Use: Policy Number
City WAVELAND State MS ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.



03/25/11 FRONT VIEW



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name VICKIE HAMILTON		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 ADAM'S LANE		Policy Number
City WAVELAND State MS ZIP Code 39576		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1 WATERS EDGE #2		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 30-17-27.9 Long. 89-22-03.1 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 5		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) NA sq ft		a) Square footage of attached garage NA sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NONE		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NONE
c) Total net area of flood openings in A8.b NA sq in		c) Total net area of flood openings in A9.b NA sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number WAVELAND 28045 C		B2. County Name HANCOCK	B3. State MS		
B4. Map/Panel Number 28045C 0361	B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/Revised Date 10/16/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19FT
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized **BHO 0593** Vertical Datum **1929**

Conversion/Comments **NA**

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 21.6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor NA	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) NA	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) NA	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) NA	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) 15.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 16.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 15.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

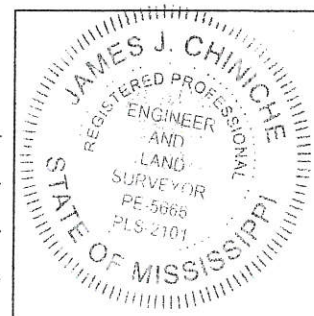
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. ☐

Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name JAMES J CHINICHE	License Number LS2101, PE5666
Title OWNER	Company Name JAMES J CHINICHE, PA, INC
Address 721 OLD SPANISH TRAIL	City BAY ST LOUIS State MS ZIP Code 39520
Signature REV 6/1/10, 10/08/10	Date 3/9/10 Telephone 228.467.6755



IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number	
City	State	ZIP Code	Company NAIC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:

THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.
THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. TEMPORARY BENCH MARK (TBM) IS A 40d NAIL THRU BOTTECAP OR SHINER IN ELEVATION: TBM: 20d NAIL THRU FLAGGING IN POWER POLE ELEVATION 18.2 FT

Signature REV 6/1/10

Date 3/9/10

☒ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____
- G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

☐ Check here if attachments

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name VICKIE HAMILTON

For Insurance Company Use:

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
161 ADAM'S LANE

Company NAIC Number

City WAVELAND State MS ZIP Code 39576

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1 WATERS EDGE #2

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 30-17-27.9 Long. 89-22-03.1 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 5

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) NA sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NONE

c) Total net area of flood openings in A8.b NA sq in

d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:

a) Square footage of attached garage NA sq ft

b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NONE

c) Total net area of flood openings in A9.b NA sq in

d) Engineered flood openings? ☐ Yes ☐ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
WAVELAND 28045 C

B2. County Name
HANCOCK

B3. State
MS

B4. Map/Panel Number
28045C 0361

B5. Suffix
D

B6. FIRM Index
Date
10/16/09

B7. FIRM Panel
Effective/Revised Date
10/16/09

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
19FT

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date _____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized BHO 0593 Vertical Datum 1929

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 21.6

☐ feet ☐ meters (Puerto Rico only)

b) Top of the next higher floor 32.1

☐ feet ☐ meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) NA

☐ feet ☐ meters (Puerto Rico only)

d) Attached garage (top of slab) NA

☐ feet ☐ meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) NA

☐ feet ☐ meters (Puerto Rico only)

f) Lowest adjacent (finished) grade next to building (LAG) 15.9

☐ feet ☐ meters (Puerto Rico only)

g) Highest adjacent (finished) grade next to building (HAG) 16.1

☐ feet ☐ meters (Puerto Rico only)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 15.9

☐ feet ☐ meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. ☐

Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name JAMES J CHINICHE

License Number LS2101, PE5666

Title OWNER

Company Name JAMES J CHINICHE, PA, INC

Address 721 OLD SPANISH TRAIL

City BAY ST LOUIS

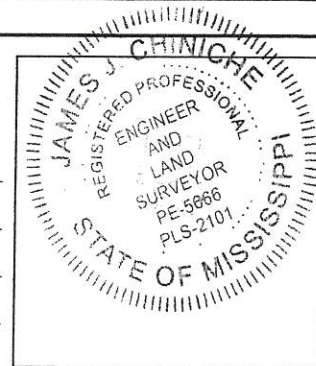
State MS

ZIP Code 39520

Signature REV 6/1/10

Date 3/9/10

Telephone 228.467.6755



IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number

City State ZIP Code

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:

THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.

THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. TEMPORARY BENCH MARK (TBM) IS A 40d NAIL THRU BOTTECAP OR SHINER IN ELEVATION: TBM: 20d NAIL THRU FLAGGING IN POWER POLE ELEVATION 18.2 FT

Signature REV 6/1/10

Date 3/9/10

☒ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name VICKIE HAMILTON

For Insurance Company Use:

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
161 ADAM'S LANE

Company NAIC Number

City WAVELAND State MS ZIP Code 39576

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1 WATERS EDGE #2

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 30-17-27.9 Long. 89-22-03.1 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 5

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) NA sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NONE

c) Total net area of flood openings in A8.b NA sq in

d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:

a) Square footage of attached garage NA sq ft

b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NONE

c) Total net area of flood openings in A9.b NA sq in

d) Engineered flood openings? ☐ Yes ☐ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
WAVELAND28045C

B2. County Name
HANCOCK

B3. State
MS

B4. Map/Panel Number
28045C 0361

B5. Suffix
D

B6. FIRM Index
Date
10/16/09

B7. FIRM Panel
Effective/Revised Date
10/16/09

B8. Flood
Zone(s)
AE

B9. Base Flood Elevation(s) (Zone
AO, use base flood depth)
19FT

310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) _____

311. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) _____

312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date _____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

31. Building elevations are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

32. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized BHO 0593/Vertical Datum 1929

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 20.0 ☐ feet ☐ meters (Puerto Rico only)

b) Top of the next higher floor NA ☐ feet ☐ meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) NA ☐ feet ☐ meters (Puerto Rico only)

d) Attached garage (top of slab) NA ☐ feet ☐ meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) NA ☐ feet ☐ meters (Puerto Rico only)

f) Lowest adjacent (finished) grade next to building (LAG) 16.1 ☐ feet ☐ meters (Puerto Rico only)

g) Highest adjacent (finished) grade next to building (HAG) 16.1 ☐ feet ☐ meters (Puerto Rico only)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 16.1 ☐ feet ☐ meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. ☐

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name JAMES J CHINICHE

License Number LS2101,PE5666

Title OWNER

Company Name JAMES J CHINICHE, PA, INC

Address 721 OLD SPANISH TRAIL

City BAY ST LOUIS

State MS

ZIP Code 39520

Signature

Date 3/9/10

Telephone 228.467.6755

RECEIVED
FEB 10 2011
FEMA

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

City State ZIP Code

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

NOTE:

THE DESCRIPTION IN A3.ABOVE IS FOR INFORMATION ONLY & NOT TO CERTIFY THE BUILDING LOCATION.
THE BASE FLOOD ELEVATION (BFE) IS PER MAP IN SECTION B4. RECOMMENDED VERIFICATION OF BFE BY LOCAL BUILDING OFFICIAL. THE
FLOOD ZONE IS DETERMINED BY GRAPHIC PLOTTING. TEMPORARY BENCH MARK (TBM) IS A 40d NAIL THRU BOTTECAP OR SHINER IN
ELEVATION: TBM: 20d NAIL THRU FLAGGING IN POWER POLE ELEVATION 18.2 FT

Signature

Date 3/9/10

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments

WAVELAND

NONCONVERSION AGREEMENT
with
CITY OF WAVELAND, MISSISSIPPI

2011 4821
Recorded in the Above
Deed Book & Page
04-13-2011 04:09:06 PM
Timothy A Kellar
Hancock County

This DECLARATION made this 13 day of April, 2011,
by Vicki Hamilton ("Owner") having an address at
161 Adams Lane.

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at
161 Adams Lane in the City of Waveland, Ms. in the County of Hancock,
designated in the Tax Records as 161C-0-02-431.000.

WHEREAS, the Owner has applied for a permit to place a structure on that property that has an
enclosed area below the base flood elevation constructed in accordance with the requirements of
Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number
325 and under Permit Number 14933.

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the
following covenants, conditions and restrictions are placed on the affected property as a condition of
granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner,
his heirs, personal representatives, successors, future owners, and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is 19 feet above mean sea level, National Geodetic
Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited
storage, or access to the building. All interior walls, ceilings and floors below the Base Flood
Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or
plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain
equipped with openings as shown on the Permit.
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal
action to correct any violation. Any alterations or changes from these conditions also may render the
structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of
inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration.
Such inspections will be conducted upon due notice to the Owner and no more frequently than once
each year. More frequent inspections may be conducted if an annual inspection discovers a violation
of the Permit.
7. Other conditions:

In witness whereof the undersigned set their hands and seals this 13th day of April, 2011.

Vicki Hamilton

Owner



Timothy A. Kellar
Chancery Clerk
By: [Signature] DC

State of Mississippi, County of Hancock
Personally appeared before me, the undersigned
authority in and for the said county and state,
on this 13 day of April, 2011, within
my jurisdiction, the within named Vicki Hamilton
who acknowledged that she executed the
above and foregoing instrument.